

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2013
NAME OF PROVIDER OR SUPPLIER SANCTUARY AT ST PAULS		STREET ADDRESS, CITY, STATE, ZIP CODE 3602 S IRONWOOD DR SOUTH BEND, IN 46614		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint #IN00120001.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey complete on 11/20/2012.</p> <p>Complaint #IN00120001 Substantiated - No deficiencies related to the allegations are cited.</p> <p>Survey dates: 01/02/2013- 01/03/2013</p> <p>Facility number: 000104 Provider number: 155197 AIM number: 100266590</p> <p>Survey team: Honey Kuhn, RN, TC Julie Wagoner, RN</p> <p>Census bed type: SNF: 16 SNF/NF: 55 Residential: 119 Total: 190</p> <p>Census payor type: Medicare: 15 Medicaid: 43 Other: 132 Total: 190</p> <p>Sample: N/A Residential sample: 3</p> <p>Sanctuary at St Paul's was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint # IN00120001.</p>	R 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

ZJ7411

If continuation sheet 1 of 2

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R 000	Continued From page 1 Quality Review completed on 1/11/13, by Brenda Meredith, R.N.	R 000			